

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. DAAH23-02-G-0008			2. DELIVERY ORDER NO. Y861		3. DATE OF ORDER (YYMMDD) 2004 SEP 17		4. REQUISITION/PURCH REQUEST NO. 0010692834		5. PRIORITY DOA1				
6. ISSUED BY CODE SP0400 Defense Supply Center Richmond ATTN: DSCR Procurement 8000 Jefferson Davis Highway Richmond, Virginia 23297- Local Administrator: PAROFA6 (804)279-6639 / FAX: (804)279-1679 E-mail: mandy.lambert@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S4418A DCMA BELL HELICOPTER TEXTRON PO BOX 1605 FORT WORTH TX 76101-1605 CRITICALITY: B				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 97499 BELL HELICOPTER TEXTRON, INC. 600 E. HURST BLVD HURST TX 76053-8030 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 2006 JAN 10		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE SL4701 DFAS BVDP (SL4701) P.O. BOX 369031 COLUMBUS OH 43236-9031				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2004 SEP 16 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE Other: BX:97X 4930 5CBX 001 2630 S33189													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
						TOTAL: 1							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA Mechelle Stansfield PAROFC BY: <i>Mechelle R. Stansfield</i> TRACTING/ORDERING OFFICER				25. TOTAL \$ 1551.10			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE			
30. INITIALS						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
34. CHECK NUMBER						35. BILL OF LADING NO.							
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

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<p>THIS ORDER IS ISSUED UNDER AND PURSUANT TO THE PROVISIONS OF DAAH23-02-G-00 (THE "AGREEMENT"). THE TERMS AND CONDITIONS OF THE AGREEMENT ARE HEREBY INCORPORATED BY REFERENCE AND, EXCEPT AS PROVIDED HEREIN BY THIS ORDER.</p> <p>PART NUMBER INFORMATION:</p> <p>Contractor is furnishing Cage Code 97499, Part Number 205-030-812-7S. Thias part number is not identified as a "Critical Part Indicator", accordi to Bell Engineering data. The Critical part indicator designation for this is for DOD management only. This is not a Flight Safety Critical Item or a Critical Safety Item. There are no additional manufacturing or inspection requirements imposed on the Contractor upon this designation.</p> <p>Bell Helicopter is ISO 9002 certified.</p> <p>PLANT LOCATION/SHIPPING POINT: SAME AS BLOCK 9 ON PAGE 1</p> <p>INSPECTION OFFICE: SAME AS BLOCK 7 ON PAGE 1</p> <p>FOB - ORIGIN</p> <p>You are encouraged and authorized to make early delivery on this requiremen at NO ADDITIONAL COST TO THE GOVERNMENT.</p>			

CONTINUATION SHEET

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SECTION B

PR 0010692834
NSN 1560-00-427-8156

ITEM DESCRIPTION:

BULKHEAD, BOOM
BELL HELICOPTER TEXTRON INC., CAGE 97499
P/N 205-030-812-7S
IDENTIFY TO:

MARK IAW MIL-STD-130K, DATED 15 JAN 00.
CONFIGURATION CONTROL APPLIES
SEE CLAUSE 52.246-9G36 (SECTION I).
TECHNICAL DATA AVAILABILITY:

DSCR DOES NOT CURRENTLY HAVE AN APPROVED
TECHNICAL DATA PACKAGE AVAILABLE FOR THIS NSN.
PLEASE DO NOT SUBMIT REQUEST TO DSCR-VABA.
BELL HELICOPTER TEXTRON, INC. (97499) P/N 205-030-812-7S

I/A/W QAP QAP-003
REFNO
AMEND NR 00 DTD 97 JUL 01
TYPE NUMBER:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	0010692834	0001	1	EA	<u>\$1551.10000</u>	<u>\$1551.10</u>

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 10: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = D3: OPI = 0:
INTRMDTE CONT = XX: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - No special marking
PALLETIZATION SHALL BE IN ACCORDANCE WITH MD00100452 REV A
DATED 4090

CONTINUED ON NEXT PAGE

SECTION B

For all shipments of packaged materiel to the government, which includes either depot (DLA-direct) or DVD (customer-direct) shipments, both DoD linear and 2-D bar code markings are required on military shipping labels in accordance with MIL-STD-129, revision P, dated December 15, 2002. 2-D bar coding shall be in accordance with ISO/IEC 15438, ISO/IEC 15434 (ANSI MH10.8.3) and DoD 4500.9-R. MSL linear (code 3 of 9 or code 39) bar coding shall be in accordance with ISO/IEC 16388. MSL label stock quality shall meet MIL-PRF-61002. MSL bar code print quality shall meet ANSI MH10.8-2000 or ANSI X3.182-1990 (R2000) for applicable 2-D and/or linear bar codes. All DVD shipments shall meet additional linear bar coding requirements in DLAD 52.211-9008. When the contract/order omits any data element required to be bar-coded, the field shall be zero-filled. These requirements do not apply to delivery orders when the basic contract has not been modified to require MIL-STD-129P. If there are inconsistencies between the schedule and MIL-STD-129P, the schedule takes precedence.

DELIVER FOB: ORIGIN BY: 2006 JAN 10

PARCEL POST/FREIGHT ADDRESS:

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001
US

NON-MILSTRIP
PROJ

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REMIT PAYMENT TO:

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